



MAIN OFFICE - APPLICATION FOR DEBT ADJUSTER LICENSE

Application is hereby made for a license under Chapter 669, Part II of the Connecticut General Statutes

License Type

Please check the appropriate box:

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Bona Fide Nonprofit

☐

For Profit

Identifying Information

Applicant Name:

(sole proprietor use "Last, First, Middle")

Main Address:

Number & Street:

City:

State/Province:

Country:

Postal Code:

Business Phone, Fax and Email:

Business Phone:

Fax Line:

Email Address:

Other Business Names

Web Addresses

Contact Employee Information / Mailing Address

First & Last Name:

Company:

Mailing Address:

City:

State/Province:

Country:

Postal Code:

Business Phone:

Fax Line:

Email Address:

Consumer Complaint Employee Information

First & Last Name:

Title:

Business Address:

City:

State/Province:

Country:

Postal Code:

Business Phone:

Fax Line:

Email Address:

Comments:

Books and Records Information

First & Last Name:

Title:

Business Address:

City:

State/Province:

Country:

Postal Code:

Business Phone:

Fax Line:

Email Address:

Other Activities

Will the Applicant engage in any non-debt adjuster activities?

Yes☐No☐

Will the Applicant occupy or share space with any individual and/or entity engaged in financial services-related activity?

Yes☐No☐

NOTE: If "Yes" briefly describe.

Disclosure Questions

Has (or does) the Applicant, or any partner (if the applicant is a partnership), any member (if the applicant is a limited liability company or association), or any officer, director, trustee, principal employee or shareholder owning ten percent or more of outstanding stock of the applicant (if the applicant is a corporation):

CRIMINAL DISCLOSURE

(a) ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?

Yes☐No☐

(b) have pending charges for any felony?

Yes☐No☐

(c) ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (1) any aspect of the debt adjuster business, (2) any fraud, (3) false statements or omissions, (4) theft or wrongful taking of property, (5) bribery, (6) perjury, (7) forgery, (8) counterfeiting, or (9) extortion?

Yes☐No☐

(d) have pending charges for any misdemeanor specified in (c)?

Yes☐No☐

REGULATORY DISCLOSURE

(e) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any state or federal regulatory agency?

Yes☐No☐

(f) ever been refused any license by a governmental banking agency or authority or been refused any license (except motor vehicle operator) by any other governmental agency or authority?

Yes☐No☐

CIVIL DISCLOSURE

(g) ever been the subject of proceedings in: bankruptcy, receivership, assignment for the benefit of creditors; consumer-initiated litigation or arbitration filed in connection with a financial services-related business; or any litigation that, according to generally accepted accounting principles, is deemed significant to financial health and would be required to be referenced in an annual audited financial statement, report to shareholders, or similar documents?

Yes☐No☐

NOTE: If the answer to any of the above questions is "YES", provide complete details of all events or proceedings in an attachment.

Affiliates/Subsidiaries

Is the Applicant controlled by a credit union, bank holding company, state member bank of the federal reserve system, state non-member bank, national bank, foreign bank, savings association/savings bank, or thrift holding company?

Yes☐No☐

NOTE: If "Yes" provide the name and address of the entity and describe the type of relationship.

Revised on 11/2010

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Control Persons

[illegible]

Direct Owners

[illegible]

Indirect Owners

[illegible]

Person in Charge of the Office

First & Last Name:

Residential Address:

City:

State/Province:

Country:

Postal Code:

Date of Birth:

Legal Status

Form of Organization:

State:

Date of formation (MM/DD/YYYY):

If publicly traded, stock symbol:

Employer Identification Number:

Social Security Number:
(if a Sole Proprietorship)

Jurisdiction Participation

States in which Applicant operates:

Signature of Applicant

(Signature)

(Name and Title - Print)

STATE OF

COUNTY OF

On this day of , 20 , personally appeared

(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

(Notary Public)
(Commissioner of the Superior Court)

(My Commission Expires)

NOTE: This application must be signed by a Control Person listed on the Main Office Application.